

Employment Application

Applicant Information							
Full Name:					Date:		
	Last	First			M.I.		
Address:	2:						
	Street Address					Apartment/Unit #	:
	City				State	ZIP Code	
Phone:	·		Email				
Date Available: Social Security No.:_							
YES NO Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?							
Have you ever worked for this company? YES NO If yes, when?							
YES NO Have you ever been convicted of a felony?							
If yes, expla	iin:						
		Educ	ation				
High School: Address:							
From:	To:	Did you graduate?	YES	NO	Diploma::		
College:		Address	:				
From:	To:	Did you graduate?	YES 🗆	NO	Degree::		
College:		Address					
From:	To:	Did you graduate?	YES	NO	Degree::		

References						
Please list three professional references.						
Full Name:	Relationship:					
Company:	Phone:					
Address:						
Full Name:	Relationship:					
Company:						
Address:						
Full Name:						
Company: Address:						
	evious Employment					
Company: Address:						
Job Title:						
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your previous supervisor for a refe	YES NO erence?					
Company:	Phone:					
Address:	Supervisor:					
Job Title:						
Responsibilities:						
From: To:						
May we contact your previous supervisor for a refe	YES NO					
Company:	Phone:					
Address:	Supervisor:					

Job Title:	<u> </u>					
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?	YES NO					
Notices and Signature						
Job candidates are required to pass a pre-employment drug screening. Motor vehicle and background checks will be performed. Employees are subject to random and post-accident drug screening. By signing this application, you are consenting to all required drug free work place policies if hired.						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.						
Signature:	Date:					

THE CITY OF CLAYTON HAS RECEIVED LOANS AND GRANTS FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE, RURAL DEVELOPMENT FOR WASTE TREATMENT PLANT AND PARKING LOTS. AS A RECIPIENT OF THESE FUNDS THE CITY IS REQUIRED TO PUBLISH THE FOLLOWING ANNUAL NOTICE:

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/compliant-filing-cust.htm1, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested by the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

It is the policy of the City of Clayton to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.